

EXHIBIT 12

PATIENT 10

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Facility #: —

Date: Sep 8, 2020

Time: 13:30:30 CT

Ashton Place Health and Rehab, LLC

Order Recap Report

Facility Code: 33

User: Karessa Gritton

Resident:

Order Date: 02/24/2020 - 02/24/2020

Resident:

Location:

Admission:

Client Id Number:

Gender:

Data of Birth:

Physician:

Lo, Thanh Tan

Pharmacy: Premier Pharmacy

Allergies:

Ciprofloxacin, Hydrocodone, Iodine, Oxycodone, Penicillin, Tramadol, Bactrim, Macrobid

Diagnoses:

GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS(K21.9), NUTRITIONAL ANEMIA, UNSPECIFIED(D53.9), TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS(E11.9), ESSENTIAL (PRIMARY) HYPERTENSION(I10), MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES(E66.01), HYPOTHYROIDISM, UNSPECIFIED(E03.9), HYPOKALEMIA(E87.6), OTHER RECURRENT DEPRESSIVE DISORDERS(F33.8), ALLERGIC RHINITIS, UNSPECIFIED(J30.9), HYPERLIPIDEMIA, UNSPECIFIED(E78.5), GASTROINTESTINAL HEMORRHAGE, UNSPECIFIED(K92.2), PSORIASIS, UNSPECIFIED(L40.9), OTHER CHRONIC PAIN(G89.29), MYELODYSPLASTIC SYNDROME, UNSPECIFIED(D46.9), HEART FAILURE, UNSPECIFIED(I50.9), CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED(J44.9), MUSCLE WEAKNESS (GENERALIZED)(M62.81), UNSTEADINESS ON FEET(R26.81), RETENTION OF URINE, UNSPECIFIED(R33.9), OTHER INSOMNIA(G47.19), EDEMA, UNSPECIFIED(R60.9), SLEEP APNEA, UNSPECIFIED(G47.30), SCHIZOAFFECTIVE DISORDER, UNSPECIFIED(F25.9), OTHER SEASONAL ALLERGIC RHINITIS(J30.2), FOLATE DEFICIENCY ANEMIA, UNSPECIFIED(D52.9), CONSTIPATION, UNSPECIFIED(K59.00), EPISTAXIS(R04.0), OTHER MUSCLE SPASM(M62.838), URINARY TRACT INFECTION, SITE NOT SPECIFIED(N39.0), RHEUMATOID ARTHRITIS, UNSPECIFIED(M06.9), DRY EYE SYNDROME OF UNSPECIFIED LACRIMAL GLAND(H04.129), PRESENCE OF INTRAOCULAR LENS(Z95.1), CHRONIC KIDNEY DISEASE, STAGE 3 (MODERATE)(N18.3), PAIN, UNSPECIFIED(R52)

Laboratory

Order
Sub-OrderCommunication
MethodOrder
StatusOrder
DateStart
DateEnd
DateOrdered
By

Use with ccs one time only for rule out until 1 day

Phone

Completed

02/24/2020

02/24/2020

02/25/2020

Cartwright,
Candice

Pharmacy

Order
Sub-OrderCommunication
MethodOrder
StatusOrder
DateStart
DateEnd
DateOrdered
By

Cranberry Capsule Give 500 mg by mouth one time a day for urinary tract health for 7 Days

Phone

Discontinued

02/24/2020

02/25/2020

02/28/2020

Cartwright,
CandiceSee
9/2020

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Facility #: --

Date: Sep 8, 2020

Time: 13:30:30 CT

Ashton Place Health and Rehab, LLC

Order Recap Report

Facility Code: 33

User: Karessa Gritton

Resident: [REDACTED]

Order Date: 02/24/2020 - 02/24/2020

Resident: [REDACTED]

Location: [REDACTED]

Admission: [REDACTED]

No. 1672
I have approved these orders for [REDACTED]

Total pages 2.

Physician: _____

Signature: _____

Date: _____

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Ashton Place Health and Rehab, LLC

Lab Results Report

Laboratory: 02/27/2020 02:41 Unit: 2/8/2020, Complete
Received By: CancerCareRx on 02/27/2020 09:00

Latest Version

Patient Information	Report Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 13:45	Status: Completed
Admit Date: [REDACTED]	Received Date:	Flag: A
Admitting Provider:	Reported Date: 02/27/2020 07:40	Reporting Lab: Gamma HealthCare, Inc.
Attending Provider:	Ord. Provider: Coriwright, Candice	Lab
Copy to List: [REDACTED]	Source Key: 80001182eb41cb0	Order #: S09118755
		Category: Chemistry,Microbiology,Unknown Category

Order Notes

Refill for: [REDACTED] COLLECTED 02/16/2020 02:21: Total Urine Specimen 1717 What Mail, Proper Bag, IMO R3901 573-727-6000 (CLIA #26D1041510 Laboratory Director: David L. Snialay, Ph.D., DIAG-R02.000, DIAG-R02.000)

	Result	Unit	Ref. Range	Flag	Status
Urinalysis, Complete					
BROAD CAST					Final
FATTY CAST					Final
WAXY CAST					Final
UNCLASSIFIED CAST					Final
TRIPLE PHOSPHATE CRYSTAL					Final
CALCIUM OXALATE CRYSTAL					Final
COLOR	YELLOW		CLEAR/YELLOW		Final
CLARITY	CLLOUDY		CLEAR	A	Final
pH	5.5		6.0-7.0		Final
SPECIFIC GRAVITY	1.025		1.003-1.033		Final
PROTEIN	++	MG/DL	NEGATIVE	H	Final
GLUCOSE	>1000	MG/DL	NEGATIVE	A	Final
KETONE	NEGATIVE	MG/DL	NEGATIVE		Final
BLOOD	MODERATE	MG/DL	NEGATIVE	A	Final
BILIRUBIN	NEGATIVE	MG/DL	NEGATIVE		Final
UROBILINOGEN	0.2	MG/DL	<2.0		Final
NITRITE	POSITIVE		NEGATIVE	A	Final
LEUKOCYTE ESTERASE	MODERATE		NEGATIVE	A	Final
WHITE BLOOD CELL	THC		0-4	A	Final
RED BLOOD CELL	3.1%		0-4	A	Final
SQUAMOUS EPITHELIAL	NONE SEEN		0-4	A	Final
BACTERIA	NAKK		NONE	A	Final
MUCOUS	NO/SEEN		NONE/SMALL	A	Final
BUDDING YEAST	MONS SEEN		NONE	A	Final
HYALINE CAST	NONE SEEN	LPF	NONE	A	Final
AMORPHOUS CRYSTAL	NONE SEEN		NONE	A	Final

Sep. 9, 2020 2:13PM

EXHIBIT 12 Page 4 of 6 Ashton Place Health and Rehab, LLC

Lab Results Report

Laboratory: 02/26/2020 09:39 Urinary Tract Infection ID by PCR / UTI Antibiotic Resistance by PCR
 Reviewed By Cancer Wright on 02/28/2020 11:00

Latest Version

Reported Information	Record Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 19:45	Status: Completed
Adm. Date: [REDACTED]	Received Date:	Flag: Normal
Admitting Provider:	Reported Date: 02/26/2020 09:30	Reporting Lab: Gamma HealthCare, Inc. Lab
Attending Provider:	Ord. Provider: Cancer Wright, Cancer Source Key: 4eac50a73c807c2f	Order #: S09133187
Copy to List:		Category: Unknown Category
<u>On the Screen</u>		
Result free: [REDACTED] Testing Site: 1717 West Main, Pepper Bluff, MO 65081 H73-727-SB# CLIA # 26D1041510 Laboratory		
Author: David L. Simzay, Ph.D.: This test protocol has been developed and its performance characteristics determined by Gamma HealthCare, Inc. The tests in this UTI panel have not been cleared or approved by the U.S. Food and Drug Administration; however, the FDA has determined clearance or approval are not necessary. The tests in this UTI panel are for clinical purposes and should not be viewed as translational or for research purposes.		

3:0. 9, 2020 2:13PM

No. 1853 2. 7

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Ashton Place Health and Rehab, LLC

Lab Results Report

Laboratory: 02/26/2020 09:30 Urinary Tract Infection ID by PCR / UTI Antibiotic Resistance by PCR
 Reviewed By: Concar Wright on 02/26/2020 19:08

English Version

	Order #:	SourceKey:	Unit	Ref. Range	Flag	Status
blaOXA-13[b],blaOXA-18[b],blaOXA-207[b],blaOXA-24[b]	Not Detected					
blaOXA-25[b],blaOXA-28[b],blaOXA-437[b],blaOXA-72[b],blaSHV-4[b]						
catS16[b],laxC,fluorquinolone	Not Detected					
envronylase Cm B-Nucleotiduridine triphosphate	Not Detected					
β-lactamase AAC(6')B with chromosomal						
blaC1[b]	Not Detected					
blaM1[b]	Not Detected					
blaIMP	Not Detected					
blaOXA-10	Not Detected					
qnrS (sites qnrS1,qnrS10,qnrS11,qnrS12,qnrS13)	Detected					
Quinolone						
qnrS14,qnrS4,qnrS7,qnrS8,qnrS9) The gene on						
plasmid is responsible for quinolone						
resistance						
blaOXA-44[b]	Not Detected					
blaKPC	Not Detected					
blaVIM	Not Detected					
blaNDM	Not Detected					
Sulfonamides A7, A9/2	Not Detected					
Vancomycin	Not Detected					
ermA, B, C	Detected	Macrolides,				
		Lincosamides,				
		Streptogramins				
macA, macC	Not Detected					

Legend:

- (+) Report contains information that is positive/negative test.
- (-) Report contains information that is negative/no result/no test.
- Performing laboratory: Ashton Place Health and Rehab, LLC

Reviewed by Name

Reviewed by Signature

Date

n/a

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Lab Results Report

Laboratory: D2/28/2020 12:04 Culture, Urine
Reviewed By Cealwright on 03/02/2020 11:13

Labtest Viewed

Requester Information	Report Information	Clinic Information
Resident: [REDACTED]	Collection Date: 02/24/2020 10:42	Status: Completed
Admit Date:	Received Date:	Flag: Normal
Admitting Provider:	Reported Date: 02/28/2020 12:04	Reporting Lab: Gamma Health Care, Inc.
Attending Provider:	Ost. Provider: Cealwright, Cealwright	Lab Order #: 908110756
Copy to List:	Source Key: 32084165d1bbf42	Category: Microbiology

Result ID: [REDACTED] COLLECTED @ 1615 10/24, Urine Culture Specimen Valid - CV: Urine Culture Source: Clean Void - CV: Testing Site: 1717 West Main, Poplar Bluff, MO 63901 573-737-5800 CLIA #28D10X1510 Laboratory Director: David L. Smalley, Ph.D.

Order Name	Result	Unit	Ref. Range	Flag	Status
CULTURE, URINE	[REDACTED]				Final

Source: URINE, CLEAN VOIDED

10,000-100,000 COPIES/ML Escherichia coli

SUSCEPTIBILITY Interpretation MIC

AMPICILLIN RESISTANT >=32

AMOXICILLIN/AC

AMPICILLIN/SULBACTAM SENSITIVE <4

CIPROFLOXACIN SENSITIVE 0.5

CEFTRIAXONE SENSITIVE <1

CEFAZOLIN SENSITIVE <4

EXTENDED SPECTRUM BETA-LA NEGATIVE

ERTAPENEM SENSITIVE <=0.5

CEFRIPIME SENSITIVE <1

NITROFURANTOIN SENSITIVE <=16

GENTAMICIN RESISTANT >=16

IMIPENEM SENSITIVE <=0.25

LEVOFLOXACIN SENSITIVE 1

TRIMETHOPRIM/SULFA RESISTANT >=320

CEFTAZIDIME SENSITIVE <1

TOBRAMYCIN INTERMEDIATE 8

PIPERACILLIN/TAZOBACTAM SENSITIVE <4

Legend:

- (+) Result indicates growth or reaction with test agent
- (-) Result indicates no growth or reaction with test agent
- Performing Laboratory: Ashton Place Health and Rehab

Reviewed by Name

Reviewed by Signature

Date

2020-03-02